8300 Greensboro Dr. Suite 1200 McLean, VA 22102 www.fcclaw.com Steven M. Chernoff (703) 584-8670 schernoff@fcclaw.com



# **PUBLIC REFERENCE COPY**

July 1, 2015

# **VIA ELECTRONIC FILING**

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W., Room TW-A306 Washington, DC 20554

Re: ETC Annual Reports and Certifications, WC Docket No. 14-58

Dear Secretary Dortch:

On behalf of DoCoMo Pacific – Guam Wireless ("DP – GUAM WIRELESS"), SAC 669001 in Guam, please find attached a redacted public version of DP – GUAM WIRELESS's FCC Form 481 Carrier Annual Report, filed pursuant to Section 54.313 of the Commission's Rules ("Form 481 Report"). The Form 481 Report has been submitted to the Universal Service Administrative Company through its E-File System, and was successfully certified on June 30, 2015. The attached Form 481 Report has been marked "**REDACTED** – **FOR PUBLIC INSPECTION**."

DP – GUAM WIRELESS is also submitting to the Commission, under separate cover, a confidential version of the Form 481 Report. The confidential version is marked "CONFIDENTIAL – NOT FOR PUBLIC INSPECTION."

Please contact the undersigned if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,

David A. LaFuria Steven M. Chernoff

John Cimko

Attorneys for: DoCoMo Pacific – Guam Wireless

Attachment

FCC For	rm 481 - Carrier Annual Reporting  Data Collection Form		FCC Form 481 OMB Control No. 3 July 2013	8060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	669001		
<015>	Study Area Name	GUAM CELLULAR AND F	AGING, INC. DBA GUAMCELL COMMU	NICATIONS
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Sean Miles		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6719694093 ext.		
<039>	Contact Email Address: Email of the person identified in data line <030>	smiles@docomopacifi	c.com	
			Y Jacobson D. Jacobson	54.313 54.422
ANNUA	AL REPORTING FOR ALL CARRIERS			Completion   Completion   Required   Required   (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	✓
<200>	Outage Reporting (voice)		(complete attached worksheet)	<b>✓</b>
<210>	< check box if n	o outages to report		V [][[][]
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)			
13 101	Detail on Attempts (Volce)		(attach descripti	ve document)
<320>	Unfulfilled Service Requests (broadband)			
	Detail on Attendate (hannalboard)			11111
<330>	Detail on Attempts (broadband)		(attach descrip	tive document)
<400>	Number of Complaints per 1,000 customers (voice)	MC		
<410>	Fixed 0.0			
<420>	Mobile 0.0			
<430> <440>	Number of Complaints per 1,000 customers (broad	band)		
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection F	tules Compliance	(check to indicate certification)	<b>✓</b>
	669001gu510.pdf		]	
<510>			(attached descriptive document)	<b>✓</b> ✓
<600>	Functionality in Emergency Situations		(check to indicate certification)	
1000	669001gu610.pdf		The construction of the control of t	
			(attached descriptive document)	<b>✓</b>
<610>				
<700>	Company Price Offerings (voice)		(complete attached worksheet)	V 377777
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	
<800>	Operating Companies and Affiliates		(complete attached worksheet)	
	Tribal Land Offerings (Y/N)?	(if	yes, complete attached worksheet)	V 111111
<1000>	Voice Services Rate Comparability Certification	<u> </u>	lot Applicable	18888
<1010>			(attach descriptive document)	
<1100>	Certify whether terrestrial backhaul options exist (	Yes or No)	(if not, check to indicate certification)	1 833337
	Certify whether terrestrial backhadi options exist (	resortion &	(if not, their to mature terrification)	1 111111
<1110>	Terms and Condition for Lifeline Customers		(complete attached worksheet) (complete attached worksheet)	(11111)
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Works		1000000
	Including Rate-of-Return Carriers affiliated with P		Carriers	The same of the sa
<2000> <2005>			(check to indicate certification) (complete attached worksheet)	- 111111
	Rate of Return Carriers, Proceed to ROR Additional	Documentation Work		
<3000>			(check to indicate certification)	
<3005>			(complete attached worksheet)	W 70 70 70 70 70 70 70 70 70 70 70 70 70

Page 2

(100) S	(100) Service Quality Improvement Reporting	ECC Form 481
Data C	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	100699
<015>	Study Area Name	GUAM CELIULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean Miles
<032>	Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.»
<039>	Contact Email Address - Email Address of person identified in data line <030>	smiles@docomopacific.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no )
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no )
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of your provision of	
<112>	Attach Five-Year Service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	669001GU112.pdf ipany is a
		Name of Attached Document
	Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	iar
<113>	Maps detailing progress towards meeting plan targets	Yes
<114> <115> <116> <117> <118>	Report how much universal service (USF) support was received How much (USF) was used to improve service quality how much (USF) was used to improve service quality and how support was used to improve service coverage How much (USF) was used to improve service coverage How much (USF) was used to improve service capacity and how support was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.	service quality Yes service copacity Yes service capacity Yes

Page 3

									ON Vlut	OMB Control No. 3060- July 2013	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	o. 3060-0819
<010> Study A	Study Area Code					669001						
	Study Area Name					GUAM CELLUL	GUAM CELLULAR AND PAGING, INC.	C, DBA GUAMCELL COMMUNICATIONS	COMMUNICATIONS			
<020> Program Year	ım Year					2016						
<030> Contact	Contact Name - Person USAC should contact regarding this data	in USAC si	ould contact	: regarding this	s data	Sean Miles						
<035> Contact	Contact Telephone Number - Number of person identified in data line <030>	umber - N	umber of per	son identified	in data line <0	30> 6719694093 ext	ext.					
<039> Contac	Contact Email Address - Email Address of person identified in data line <030>	s - Email /	Address of pe	rson identified	in data line <		smiles@docomopacific.com					
<220>	<a></a>	<	 402>	<	<	<c1></c1>	<0.5>		(\$	\$	8	ê
ON	NORS									Did This Outage		
Referen Number	8	tage Start 0 Date	Outage Start Outage Start Date Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Affect Multiple Study Areas (Ves. / No.)	Service Outage	Preventative
										Ton Control		

<010> <015> <020>								July 2013	
:015>	Study Area Code	ode			669001				
:020>	Study Area Name	эте			GUAM CELLU.	GUAM CELLULAR AND PAGING, INC. DBA GU	INC. DBA GUANCELL COMMUNICATIONS		
	Program Year				2016				
<030>	11	Contact Name - Person USAC should contact regarding this data	d contact regard	ding this data	Sean Miles				
<035>		Contact Telephone Number - Number of person identified in data line <030>	er of person id-	entified in data line	<030> 6719694093 ext.	ext			
<039>		Contact Email Address - Email Address of person identified in data line <030>	ess of person id	dentified in data line		smiles@docomopacific.com			
<701>		Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	ective Date Service Charge		1/1/2015				
<703>	<a1></a1>	<92>	<a3></a3>	 b1>	<92>	< <del>b</del> 3>	<94>	<92>	<b>\$</b>
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local	State Subscriber line Charge	State Universal Service Fee	Mandatory Extended Area	Total Control Control
					Sec	See attached worksheet			

Study Area Code  Study Area Name  Contact Name - Person 1944  Contact Name - Person 19	
State Regulated  State Regulated Fees  Total Rate and Fees  (Mbps)	
Sean Miles 6719694093 ext.  cb2> cc> cd1>  State Regulated Fees Total Rate and Fees (Mbps)	
Sean Wiles 6719694093 ext.  cb2> cc> cd1>  State Regulated Fees Total Rate and Fees (Mbps)  (Mbps)	
smilesadocomopacific.com	

10001	(900) Organisa Communica		
John Coll	Joseph Companies		FCC Form 481
Data			UNIB CONTROL NO. 3050-0385/UNIB CONTROL NO. 3050-0819 July 2013
<010>	Study Area Code	6699001	
<015>		GUAN CRITHIAN AND DAGING INC DBA CITAMPEL COMMUNICATIONS	CITANDETT. COMMUNICACIONE
<020>	Program Year	2016	
<030>	- Person USAC should contact regarding this data	Sean Miles	
<035>	ta line <030>	6719694093 ext.	
<039>		smiles@docomopacific.com	
<810>	Reporting Carrier Guam Cellular and Paging, Inc.		
<811>	Holding Company Docomo Guam Holdings, Inc.		
<812>	Operating Company DOCOMO PACIFIC, INC.		
<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
**			
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9 69			
50 3			
1			
S 10			
n d			
9.			
U 1.			

T (906)	(900) Tribal Lands Reporting	FCC Form 481
Data Cc	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
650	Charles A non Code	
1010		
COTO COTO		GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS
\$070 \$070		2016
<030>	<ul> <li>Contact Name - Person USAC should contact regarding this data</li> </ul>	Sean Miles
<032>	<ul> <li>Contact Telephone Number - Number of person identified in data line &lt;030&gt;</li> </ul>	30> 6719694093 ext.
<039>	<ul> <li>Contact Email Address - Email Address of person identified in data line &lt;030&gt;</li> </ul>	30> smiles@docomopacific.com
<910>	. Tribal Land(s) on which ETC Serves	
	] !	
<920>	Tribal Government Engagement Obligation	
		Name of Attached Document
If your	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes	
to con	to confirm the status described on the attached document(s), on line 920,	to all a
demoi	demonstrates coordination with the Tribal government pursuant to	Veneral Venera
\$ 54.3	§ 54.313(a)(9) includes:	Not Applicable
<921>	<ul> <li>Needs assessment and deployment planning with a focus on Tribal</li> </ul>	
	community anchor institutions.	
<922>	<ul> <li>Feasibility and sustainability planning;</li> </ul>	
<923>	<ul> <li>Marketing services in a culturally sensitive manner;</li> </ul>	
<924>	<ul> <li>Compliance with Rights of way processes</li> </ul>	
<925>	<ul> <li>Compliance with Land Use permitting requirements</li> </ul>	
<926>	<ul> <li>Compliance with Facilities Siting rules</li> </ul>	
<927>	<ul> <li>Compliance with Environmental Review processes</li> </ul>	
<928>	<ul> <li>Compliance with Cultural Preservation review processes</li> </ul>	
<929>	<ul> <li>Compliance with Tribal Business and Licensing requirements.</li> </ul>	

COLOR CRUZION Area Name COLOR CRUZION CRUZION COLOR CRUZION COLOR CRUZION COLOR CRUZION CRUZION COLOR CRUZION CRUZION CRUZION COLOR CRUZION CRUZION COLOR CRUZION CR	(00) n	(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Study Area Name Program Wear Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).  Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 k upstream within the supported area pursuant to § 54.313(g).	010>	Study Area Code	669001
Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).  Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 k upstream within the supported area pursuant to § 54.313(g).	015>	Study Area Name	GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS
Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).  Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 k upstream within the supported area pursuant to § 54.313(g).	020>	Program Year	2016
Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).  Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 k upstream within the supported area pursuant to § 54.313(g).	030>	Contact Name - Person USAC should contact regarding this data	Sean Wiles
Contact Email Address - Email Address of person identified in data line <030> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).  Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 lupstream within the supported area pursuant to § 54.313(g).	035>	1 1	6719694093 ext.
Please confirm whether terrestrial backhaul options of pursuant to § 54.313(g) (Yes, No).  Please select the appropriate response (Yes, No, No, reporting carrier offers broadband service of at least upstream within the supported area pursuant to § 54	039>	-1	smiles@dccomopacific.com
Please select the appropriate response (Yes, No, No reporting carrier offers broadband service of at least upstream within the supported area pursuant to § 54	20>	Please confirm whether terrestrial backhaul options exist within the supported are pursuant to § 54.313(g) (Yes, No).	
	130>	Please select the appropriate response (Yes, No, No reporting carrier offers broadband service of at least upstream within the supported area pursuant to § 54	S kbps

(1200) To Lifeline Data Col	(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	669001
<015>	Study Area Name	CHIAM CELITICAE AND ENCINC THE AGENCY TRANSPORT COMMENCENT CONTRACTOR
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	Sean Wiles
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	<030> smiles@docomopacific.com
		669001gu1210.pdf
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website	HTTP http://www.docomopacific.com/phone/plans/lifeline-assistance-program
"Please c	"Please check these boxes below to confirm that the attached document(s), on line 1210,	,,
6 54 427	of the website listed, off file 1220, contains the required information parishallors. 8-54 472(a)(2) annual reporting for FTCs receiving low-income support, carriers must	
annually report:	report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	\[ \]
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	<1223> Additional charges for toll calls, and rates for each such plan. $ig $	

(2000) Pr	(2000) Price Cap Carrier Additional Documentation	FCC Form 481.
Data Coll	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
<010>	Study Area Code	
<015>	Study Area Name	TARSS
<020>		GUAM CELLULAR AND FRGINS, INC. DEA GUAMCELL COMPUTATIONS
<030>	Contact Name - Person USAC should contact regarding this data	3016
<032>	Contact Telephone Number - Number of person identified in data line <030>	Sean Miles
<039>	Contact Email Address - Email Address of person identified in data line <030>	\$713694095 uxt.
		smilts*aucomojačilic.com
Select th	Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as: Connert America Phace II support as set forth in 47 CFR 6 54 414(1) (c) (d) (e). The inform	compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and
	Incremental Connect America Phase I reporting	תנים ובלינו ליים מו וווו וווים מספרווים מו מחוד מו
<2010> <2011a>	<ul> <li>2nd Year Certification {47 CFR § 54,313(b)(1)i}</li> <li>3rd Year Certification {47 CFR § 54.313(b)(1)ii}</li> </ul>	
<2011b>	> Attachment {47 CFR § 54.313(b)(1)ii}	
		Name of Attached Document(s) Listing Required Information
	Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}	
<2012>		
<2013>		
<2014> <2015>	<ul> <li>2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}</li> <li>2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}</li> </ul>	
<2016>	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} > Certification Support Used to Build Broadband	
	Connect America Phase II Reporting (47 CFR § 54.313(e))	
<2017> <2018>		
<2019>	> Interim Progress Certification	
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	a 2021,contains the required information all provide the number, names, and access to broadband service in the
<2021>	> Interim Progress Community Anchor Institutions	
		Name of Attached Document(), Esting Required Information
		entrance of the state of the st

D CO	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code Study Area Name	669001 GUAN CELLULAR AND PAGING, INC. DEA GUANCELL COMMINICATIONS
¢0305 \$0305 \$0355	Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	2016 Sean, Wiles 6719694093 ext.
ECK	he boxes below to note compliance on its five year service quality plan (pursuan CR § 54.313(f)(2). I further certify that the	CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.202(a) and for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Vear Plan Milestone Certification (47 CFR § 54.313(f)(1)(!)}	
(3011)	Name of Attached Document Listing Required in Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information 012 contains the required information pursuant to sses of community anchor institutions to which began
(3012)	Community Anchor Institutions {47 CFR § 54,313(f)(1)(ii)}	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) if yes, does your company file the RUS annual report	Name of Attached Document Listing Required information (Yes/No) (Yes/No) (Yes/No)
Please (3015) (3016)	check these boxes to confirm that the attached document(s), on line 3017, contain Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	
(3018)	If the response is no on line 3014, Is your company audited?	Name of Attached Document Listing Required Information (Yes/No)
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	rmat comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	ish Flows
(3021)	Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit if the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f12), contains:	blic accountant that performed the company's financial audit
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	
(3023) (3024) (3025)	borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification, Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	Sh Flows
(3026)	Attach the worksheet listing required information	
	_	Manna of Attachael Decument Littine Beausided Information

(3000) R	(3000) Rate Of Return Carrier Additional Documentation (Continued)	(Voc.Extradés,
Data Col	Data Collection Form	GM Control No. Section State (No. Section State (No
		July 2013
<010>	<010> Study Area Code	1906091
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC. DEA GUAMCELL COMMUNICATIONS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean Miles
<032>	<035> Contact Telephone Number - Number of person identified in data line <030> 6719694093 ext.	6719694093 ext
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> smiles@docomonacific.com	smiles@docomobacific.com

Financial Data Summary	(3027) Revenue	(3028) Operating Expenses	(3029) Net Income	(3030) Telephone Plant In Service(TPIS)	(3031) Total Assets	(3032) Total Debt	(3033) Total Equity	(3034) Dividends	

Name of Attached Document Listing Required Information

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	669001
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smiles@docomopacific.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to	ne Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients
l certify that I am an officer of the reporting carrier; my resprecipients; and, to the best of my knowledge, the informati	nsibilities include ensuring the accuracy of the annual reporting requirements for universal service support reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filling Due Date for this form:
Persons willfully making false statements on this form car	e punished by fine or forfelture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	669001
<015> Study Area Name	GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Sean Miles
<035> Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext
<039> Contact Email Address - Email Address of person identified in data line <030>	smiles@docomopacific.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recip  I certify that (Name of Agent) James W. Hofman, II is authorized to submit the in also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual da agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	nformation reported on behalf of the reporting carrier.
Name of Authorized Agent: James W. Hofman, II	
Name of Reporting Carrier: GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/30/2015
Printed name of Authorized Officer: James Hofman II	
Title or position of Authorized Officer: Chief Legal Officer	
Telephone number of Authorized Officer: 6716882355 ext.2288	
Study Area Code of Reporting Carrier: 669001 Filing Due Date for this form: 07/01/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, under Title 18 of the United States Code, 18 U.S.C. § 1001.	47 U.S.C. §§ 502, 503(b), or fine or imprisonment

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or	r LI Recipients on Behalf of Reportin	g Carrier
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal ser the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge,		
Name of Reporting Carrier: GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNIC	CATIONS	
Name of Authorized Agent or Employee of Agent: Lukas, Nace, Gutierrez & Sachs, LLP		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/30/2015
Printed name of Authorized Agent or Employee of Agent: John Cimko		
itle or position of Authorized Agent or Employee of Agent Attorney		
elephone number of Authorized Agent or Employee of Agent: 7035848686 ext		
Study Area Code of Reporting Carrier; 669001 Filing Due Date for this form:	07/01/2015	

Attachments

DoCoMo Pacific – Guam Wireless
SAC 669001 (GU)
FCC Form 481 (Program Year 2016)
Line 110 – Service Quality Improvement Reporting

THIS EXHIBIT IS WITHHELD FROM THE PUBLIC COPY AS THE FILER HAS REQUESTED CONFIDENTIAL TREATMENT

DoCoMo Pacific – Guam Wireless
SAC 669001 (GU)
FCC Form 481 (Program Year 2016)
Line 510 – Service Quality Standards and
Consumer Protection Rules

#### **DOCOMO PACIFIC**

Line 510 - Service Quality Standards and Consumer Protection Rules Compliance

DOCOMO PACIFIC hereby certifies that it has reviewed its service quality and consumer

protection practices, which it follows in connection with its provision of voice and broadband
services, and that these practices ensure that DOCOMO PACIFIC:

- (1) Discloses rates and terms of its voice and broadband services to customers.
- (2) Makes available maps showing where voice and broadband services are generally available.
- (3) Provides contract terms to customers and confirms changes in voice or broadband service.
- (4) Allows a trial period for new voice or broadband service.
- (5) Provides specific disclosures in advertising.
- (6) Separately identifies carrier charges from taxes on billing statements.
- (7) Provides customers the right to terminate voice or broadband service for changes to contract terms.
- (8) Provides ready access to customer service.
- (9) Promptly responds to consumer inquiries and complaints received from government agencies.
- (10) Abides by policies for protection of consumer privacy.
- (11) Provides consumers with free notifications for voice, data and messaging usage, and international roaming.

(12) Abides by standards regarding the ability of customers, former customers, and individual owners of eligible devices to unlock phones and tablets that are locked by or at the direction of DOCOMO PACIFIC.

These service quality and consumer protection practice categories are the same as those included in the CTIA—The Wireless Association® ("CTIA") Consumer Code for Wireless Service ("CTIA Code") currently in effect. In submitting this report, DOCOMO PACIFIC certifies that it will continue to abide by the CTIA Code, as it may be amended from time to time, for all of its operations in Guam.

DoCoMo Pacific – Guam Wireless
SAC 669001 (GU)
FCC Form 481 (Program Year 2016)
Line 610 – Network Functionality in Emergency Situations

#### **DOCOMO PACIFIC**

## Line 610 - ABILITY TO REMAIN FUNCTIONAL IN EMERGENCY SITUATIONS

DOCOMO PACIFIC is mindful of the importance of ensuring uninterrupted service so that law enforcement and public safety officials, as well as the general public, can make important calls in the event of a hurricane or other emergency. DOCOMO PACIFIC hereby certifies, with respect to its voice and broadband services, that the company is able to function in emergency situations as defined in the *ETC Report and Order*. To ensure continued provision of service, the company's Network Operations Center is backed up from commercial power by a primary and secondary 175 KW generators with full automatic transfer functions. Generators are fueled from a 2000 gallon diesel storage tank. Traffic between the LEC and DOCOMO PACIFIC is divided between fiber optic cable and standard copper cable and therefore enables the ability to reroute where necessary. DOCOMO PACIFIC also maintains a full cell site inside the facilities of the Guam Civil Defense Center. DOCOMO PACIFIC also certifies that the company has in place an automated notification system and manual procedures for the management of traffic spikes resulting from emergency situations.

DoCoMo Pacific – Guam Wireless
SAC 669001 (GU)
FCC Form 481 (Program Year 2016)
Line 700 – Price Offerings Including Voice Rate Data

							Jul	July 2013	July 2013
<010>	Study Area Code	ode.			669001				
<015>	Study Area Name	dame			GUAM CELLULAR	AND PAGING, INC. DBA	GUAMCELL COMMUNICATIONS		
<020>	Program Year	11			2016				
<030>	Contact Nan	Contact Name - Person USAC should contact regarding this data	contact regard	ing this data	Sean Miles				
<035>	Contact Tele	Contact Telephone Number - Number of person identified in data line <030>	er of person ide	ntified in data line <	:030> 6719694093 ext	ext			
<039>	Contact Ema	Contact Email Address - Email Address of person identified in data line <030>	ss of person ide	ntified in data line	Н	smiles@docomopacific.com			
<701>	Residential L Single State-	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	etive Date ervice Charge	1/1/2	2015				
<703>									
	<a1></a1>	<a2></a2>	<a3></a3>	 401>	   Residential Local	<63>	 /p4>	<bs>  Mandatory Extended Area</bs>	9
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
								0.0	G - 5-1

DoCoMo Pacific – Guam Wireless
SAC 669001 (GU)
FCC Form 481 (Program Year 2016)
Line 1210 – Terms and Conditions for Lifeline Customers

### **DOCOMO PACIFIC**

# **Line 1210 - Terms & Conditions of Voice Telephony Lifeline Plans**

DOCOMO PACIFIC's Lifeline Assistance Program is the Low Income Program of the Universal Service Fund and is designed to benefit residential subscribers who are receiving assistance. Detailed information of our lifeline assistance program may be found on our website:

http://www.docomopacific.com/phone/plans/lifeline-assistance-program